

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567703

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6	1					
7	1					
8	1					
9		1				
10			1			
11			1			
12			1			
13			1			
14			1			
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48						
49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	5	←	5	←		←
TOTAL CLAIMS	9		9			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						